



Senator Harry Reid

A Report to Seniors in Nevada

Spring 2002

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Senator Harry Reid Recognizes Patients in Peril and the Critical Shortages in Geriatric Care

My Senate colleagues and I on the Special Committee on Aging were recently treated to a special appearance when Las Vegas's long time resident Stephen Bzdok joined us to testify at a hearing about the importance of geriatric care.

Mr. Bzdok's incredible story about recovering with the help of a geriatrician after being unconscious in a four month coma has helped other senators realize the need for specialists trained to care for senior citizens.

After hearing Mr. Bzdok's testimony the committee chairman Sen. John Breaux, D-La. said, "This is probably the most incredible story that I've heard since we've had this committee that I serve on. It's an unbelievable story, and I think it makes the point very well."

Nevada has one of the fastest growing senior populations in the nation, and greater access to geriatric care will help all of our seniors live longer, more independent lives. His story illustrates the value of geriatric care and why we must take measures to increase the number of doctors, nurses, pharmacists and mental health professionals who are trained in geriatrics.

Too often, problems in older persons are misdiagnosed, overlooked or dismissed as normal conditions of aging because doctors and other health care professionals are not trained to recognize how diseases and impairments might appear differently in the elderly. As a result, patients like Stephen Bzdok suffer needlessly, and Medicare costs rise because of avoidable hospitalizations and nursing home admissions.



Senator Reid meets with Stephen Bzdok in the United States Capitol. Mr. Bzdok testified at a Senate Special Committee on Aging Hearing on his personal experience with geriatric care. Senator Reid has introduced legislation to increase the number of, and access to, geriatricians.

It is no secret that our nation is growing older. Every day this year, approximately 6,000 people will celebrate their 65th birthday. The number of older Americans will more than double from 35 million today to 70 million by the year 2030. However, the vast majority of our health care providers are not yet prepared meet the challenges associated with caring for the elderly.

Increasing the number of certified geriatricians and improving access to geriatric care will not be easy. Geriatrics is the lowest paid medical specialty because the extra time required for effective treatment of the elderly is barely reimbursed by Medicare and other insurers.

To encourage more doctors to become certified in geriatrics, I am re-introducing **"The Geriatricians Loan Forgiveness Act,"** legislation that would forgive \$20,000 of education debt incurred by medical students for each year of advanced training required to obtain a certificate of added qualifications in geriatric medicine or psychiatry.

Another barrier to increasing access to geriatric care is a provision in the Balanced Budget Act of 1997 that established a hospital-specific cap on the number of residents based on the level in 1996. Because a lower number of geriatric residents existed prior to December 31, 1996, these programs are under-represented in the cap baseline. The implementation of this cap has resulted in the reduction of, and in some cases, the elimination of geriatric training programs -- despite the fact that they are needed now more than ever.

I am pleased to join Senator Lincoln in re-introducing **The Geriatric Care Act**, legislation that would allow hospitals to exceed this cap and expand their geriatric fellowship programs. Another important provision of our legislation would give our frail elderly access to geriatric care coordination by making this benefit reimbursable under the Medicare program.

Geriatric care helps seniors live independent, productive lives. By postponing physical dependency, our nation could save as much as \$5 billion each month in health care and custodial costs. Simply put, increasing the number of health care workers trained in geriatrics is good medicine. I look forward to continuing my efforts to ensure that we will have enough health care workers trained to meet the needs of our aging population.

Stephen Bzdok Tells His Incredible Story

In October of 1999, I had a very large seizure while I was at home alone and laid on the living room floor for four days. I spent 2 months in intensive care hooked up to life support. The doctors put me on a death watch for four days and even gave away my car, my clothes and all of my personal belongings. I finally woke up on my own in the hospital room around February 25th, 2000 -- 4 months after my friends found me on my living room floor. I had actually slept through the millennium.

I was assigned to a geriatrician and one year later I had two seizures. My geriatrician diagnosed my condition as a heart murmur. My geriatrician put me in the hospital immediately. That is when he called in the heart specialist. Within two days I had a pace maker put in. I was finally receiving treatment for my condition. It took a geriatrician to diagnose the problem.

My health problems started to turn around after I received geriatric care. Since receiving the pacemaker, my health has improved ten-fold -- it is unbelievable. First, I am not having seizures any more and I am able to live on my own. I can take care of all of my own medication and can live a active life again. There is nothing my geriatrician can do about my getting older -- but he can help me from becoming old.

KEEPING IN TOUCH



Please feel free to contact me or my staff offices with questions or concerns you might have regarding these or any other issues. We value your input and stand ready to work with you.

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